



**Westchester
Medical Center**

Westchester Medical Center Health Network

**WESTCHESTER MEDICAL CENTER
RESIDENT / FELLOW AGREEMENT,
TERMS OF APPOINTMENT,
POLICIES AND PROCEDURES**

2016-2017

I, XXXX, accept appointment as a Resident/Fellow, Training Level XX in the Training Program XX at the Westchester County Health Care Corporation (hereinafter the "WCHCC"), commencing July 1, XXXX and ending June 30, XXXX at PGY Salary Level XX at an annual rate of pay of \$XXXX. This salary is subject to modification predicated on a new collective bargaining agreement between the WCHCC and the Committee of Interns and Residents (hereinafter the "CIR"). The appointment may be renewed by mutual agreement.

I understand that this contract is contingent upon receipt of all required documents, credentials, valid employment authorization, and completion of all pre-employment and post-employment requirements and the results of a satisfactory background check performed by Westchester Medical Center. Also that amongst other things, the scope of my responsibilities as a member of the house staff of WCHCC, work schedules and practices as well as wages and financial support, leave policies (including vacation time and pay), professional liability insurance, other hospital and health insurance benefits, professional, parental and sick leave benefits, availability of housing, meals and laundry services, counseling, medical, psychological and other support services, policies relating to sexual and other categories of harassment, my ability to engage in professional activities outside of the educational program and grievance procedures are addressed in the collective bargaining agreement (hereinafter "CIR Agreement") between WCHCC and CIR, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct. I also acknowledge and understand that the terms and conditions of my employment as contained in the CIR Agreement are subject to modification predicated on a new collective bargaining agreement between the WCHCC and the CIR.

<i>Financial Support</i>	<i>CIR Contract--Article III, Section 5</i>	<i>Attachment A</i>
<i>Sick Leave, Extended Sick Leave, Parental And Professional Leave Vacation Policies</i>	<i>CIR Contract--Article IV, Section 2, 3,4,5,6,7,8</i>	<i>Attachment B</i>
	<i>CIR Contract--Article IV, Section 1</i>	
<i>Professional Liability Insurance</i>	<i>CIR Contract--Article XV, Section 1,2</i>	<i>Attachment C</i>
<i>Hospital and health insurance benefits for the Residents and their families</i>	<i>CIR Contract--Article VIII, Section 1,2,3,4</i>	<i>Attachment D</i>
<i>Conditions under which living quarters and laundry or their equivalents are to be provided</i>	<i>CIR Contract--Article X, Section 1 Articles XII & XIX House Staff Manual</i>	<i>Attachment E</i>
<i>Counseling, medical, Psychological, Support services</i>	<i>Westchester Medical Center</i>	<i>Attachment F</i>
<i>Institutional policies covering sexual and other forms of harassment</i>	<i>Westchester Medical Center Human Resources Policy and Procedure(s)</i>	<i>Attachment G</i>

<i>Duration of appointment and process of reappointment</i>	<i>CIR Contract--Article V, Section I-6</i>	<i>Attachment H</i>
<i>Moonlighting Policy</i>	<i>Westchester Medical Center Administrative Policy and Procedure R-9</i>	<i>Attachment I</i>
<i>Grievance Procedures Remediation and Probation</i>	<i>CIR Contract--Article XVI, Section 1-9 Westchester Medical Center Administrative Policy and Procedure(s)</i>	<i>Attachment J</i>
<i>Resident's responsibilities</i>	<i>Duty Hours Policy Administrative Policy and Procedure(s) R-10 Delineation of Privileges, per Department USMLE Step 3 Requirement</i>	<i>Attachment K</i>
<i>Physician Impairment</i>	<i>Policy on Physician Impairment & Substance Abuse</i>	<i>Attachment L</i>
<i>Credentialing Requirements</i>	<i>WMC – Credentialing Checklist</i>	<i>Attachment M</i>
<i>Post Offer Pre-Employment Requirements / Drug Testing</i>	<i>Westchester Medical Center Human Resources Policy I-C-4,5</i>	<i>Attachment N</i>
<i>Access to information related to Eligibility for specialty boards</i>	<i>ABMS Board Requirements</i>	<i>Attachment O</i>
<i>Effect of leaves on satisfying Program completion and Board Eligibility</i>	<i>Westchester Medical Center</i>	<i>Attachment P</i>

I have read and understand the attachments, A through P, and have been given the opportunity to have any questions I may have satisfactorily addressed. I understand that the summaries contained herein are not a substitute for the source documents.

I agree to comply faithfully with all applicable laws, rules and regulations of the Westchester County Health Care Corporation, the Joint Commission on Accreditation of Healthcare Organizations, New York State Health Department, and other affiliated hospitals of the New York Medical College, the CIR agreement, the House Staff Benefits Plan, the Human Resources New Employee Manual, the Westchester Medical Center Administrative Policy and Procedure Manual, and the Westchester Medical Center Code of Conduct, and to strictly adhere to the instructions and directions of my Director of Service.

Further, the WCHCC agrees to provide a suitable environment for medical education experience and a training program that meets the standards of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, prepared by the Accreditation Council for Graduate Medical Education of the American Medical Association.

Date _____
 _____ «First_Name» «Last_Name»

Date _____
 _____ President & CEO

Reviewed by:
 Carol DeFilippis Administrative Director, Medical Education



Attachment A- Financial Support

**TERMS AND CONDITIONS OF
APPOINTMENT JULY 1, 2016 – JUNE 30,
2017**

SALARY SCALE*

Position	Annual Salary
PGY 1	\$56,279
PGY 2	\$61,277
PGY 3	\$66,953
PGY 4	\$69,000
PGY 5	\$71,178
PGY 6	\$73,105
PGY 7	\$76,588
PGY 8	\$78,418
Chief Resident	\$3350
Differential	

*Salary reflects the current salary scale in effect as determined by CIR Agreement

Determination of Pay Level

Pay level is in accordance with Article III of the Agreement between CIR and WMC as indicated below:

The appointment of a House Officer shall be based on his/her appropriate PGY Year, determined as follows:

- A House Staff Officer who has not completed one year of service in an ACGME/ADA/AOA Approved training program shall be placed at the PGY-1 Level;
- A House Staff Officer who has completed one or more years of service in an ACGME/ADA/AOA approved training program shall be placed at the PGY level which equals the number of years of service plus one. A House Staff Officer required to spend a pre-requisite year of service shall be classified on the basis of cumulative years of such service, provided, however, that in the event a House Staff Officer changes his/her specialty, he/she shall receive a maximum credit of two years for prior service in such other ACGME/ADA/AOA approved training program.
- When some or all of the prior service of a House Staff Officer has been in an non-ACGME/ADA/AOA approved training program, he/she shall, at minimum be classified at the PGY level appropriate to the years of service he/she has completed in an ACGME/ADA/AOA approved training program. Additional credit, if any, for non-ACGME/ADA/AOA approved training programs to be granted in establishing the appropriate PGY level for a house staff officer shall be determined by the house staff officer and his/her Chief at the time of appointment.
- A House Staff Officer who successfully completes his/her service for a year and is reappointed to serve for an additional year shall be advanced to the next higher PGY.

Attachment B – Leave Policies
Westchester Health Care Corporation- Resident Agreement
ARTICLE IV

LEAVE TIME

Section 1.

- a. The vacation for all house staff officers shall be four weeks per July 1 through June 30 annum.
- b. Requests by house staff to their department to schedule four (4) consecutive weeks vacation or to divide vacation into shorter periods shall not be unreasonably denied by the department.
- c. Anything to the contrary herein notwithstanding, lesser vacation benefits may be provided where appropriate Specialty Boards require lesser vacation terms and pay for lost vacation shall be granted in the last year of service of the house staff officer
- d. If or when the Corporation makes vacation checks available prior to the vacations for other Corporation employees, it will also provide the same service to all house staff officers.

Section 2.

House staff officers shall accrue as of the commencement of their employment, and annually thereafter, twelve (12) days of paid sick leave. Unused sick leave may be accumulated and carried over to subsequent years.

Section 3.

a. Extended Sick Leave

House staff officers who have completed at least two (2) years of training, and have exhausted their regular sick leave and other time credits may be granted, at the recommendation of the Director, two (2) weeks of extended sick leave at half-pay (Lifetime maximum).

- b. Medical disability due to pregnancy or childbirth shall be considered as sick leave. (See also Section 4 below.)

Section 4.

House staff officers who are pregnant or who are temporarily and partially disabled shall, upon their request and with proper notification to their departments and documentation from their personal physician, be assigned electives and rotations appropriate to their condition, including those where they may be more easily expendable. In addition, such house staff officers, upon their request, may be temporarily relieved of night call and exposure to particularly harmful disease, radiation, and chemicals and be allowed to schedule personal medical visits when necessary. Such requested changes shall be in conformity with the rules of the house staff officers' Specialty Board.

The Hospital may require such house staff officers to present documentation from their personal physician that they are able to continue at or return to work. Pregnant and temporarily and partially disabled house staff officers may continue to work as long as they perform their modified duties in such a way as to meet satisfactory levels appropriate to their specialty board and departmental requirements before they use their accrued paid and unpaid leave time.

Upon request, house staff officers shall be granted up to twelve (12) months leave of absence without pay in addition to the accrued paid holidays, sick and vacation time for maternity, child-care and disability.¹ After a paid or unpaid leave, residents shall return to their programs retaining the same status held at the beginning of the leave with any other accrued time as may be allowed by their department or board. House staff officers shall be allowed to schedule time for childbirth training classes for themselves or with their spouses as necessary. Adoption shall be treated the same as birth for all appropriate leave time purposes.

Where a house staff officer is absent for an episode of illness for at least three days, including at least one night of on-call, or is working daytimes but is temporarily relieved of night call as above, the house staff officer shall not be required to make up the missed on-call. Coverage shall be provided as per Article VI, Section 5.

Section 5.

Consistent with the Family and Medical Leave Act (FMLA), any available accumulated leave balance may be used for a family member's illness, or disability, including pregnancy or childbirth.

¹ Short and long term disability payments as provided by the House Staff Benefit Plan under Article IX, may be used where appropriate after exhaustion of accumulated paid sick leave as per Article IV, Section 2 and 3.

Section 6.

A house staff officer shall be allowed to utilize accrued sick leave in the event of the death of a family member.

Section 7.

The Corporation will provide five (5) days of paid leave time to take national boards, specialty examinations and/or FLEX. Where such days have not been fully used in a house staff officer's terminal year of service, any remaining days may be used for the purpose of relocation to another position. Practices and procedures in excess of five (5) days shall be maintained.

Section 8.

Each house staff officer will be guaranteed twelve (12) days off for holidays during each full year of employment.

The Corporation observes the following enumerated holidays:

New Year's Day	Labor Day
Martin Luther King Jr.'s Birthday	Columbus Day
Election Day	Veterans Day
Lincoln's Birthday	Thanksgiving Day
Washington's Birthday	Memorial Day
Christmas Day	Independence Day

Where a house staff officer works any of these days or where the holiday falls during his/her scheduled vacation period, the Corporation will attempt to schedule an alternate day off. A department shall not unreasonably deny a request for the scheduled use of an alternate day off for a religious holiday not enumerated above or for any other reason. Where the Corporation cannot schedule any alternate day off, it will, no later than the second pay period following the holiday worked, pay an additional day's pay in lieu of the time off at the rate of 1/10th of a bi-weekly paycheck.

Section 9.

All duly elected CIR delegates, alternate delegates, executive board members, and nominees shall be granted leave to attend the annual CIR convention.

Attachment C- Professional Liability Insurance

Westchester Health Care Corporation

ARTICLE XV

MALPRACTICE INDEMNIFICATION

Section 1.

The Corporation shall continue to fully indemnify each house staff officer against any judgment rendered personally against him/her for malpractice of medicine, surgery or dentistry while acting within the scope of his/her employment as a house staff officer at the Corporation Medical Center covered under the terms of this agreement.

The defense and indemnification provided hereunder shall be pursuant to the terms and conditions of the Laws of Westchester County, Section 297.31, as from time to time may be amended.

The Corporation shall give advance notice to the CIR in writing of any changes in malpractice coverage or procedures that would impact on house staff officers.

Section 2.

The foregoing is conditioned upon each of the following:

In addition to the requirements set forth in the Laws of Westchester County, Section 297.31, house staff officers shall promptly forward to the Hospital Director of Risk Management all summonses or notices of whatsoever nature, pertaining to claims received or served upon them or each of them.

House staff officers shall cooperate fully in aiding the Corporation to investigate, adjust, settle or defend each claim, action or proceeding.

The defense of all claims, actions and proceedings within the purview of this Article shall be conducted by the Corporation. The Corporation shall designate and provide counsel to appear and defend such actions and proceedings on behalf of the house staff officers.

No settlement shall be made without the approval of the Corporation in accordance with its regular procedures.

In the event of any appeal from a judgment against a house staff officer, the Corporation will promptly satisfy the judgment or stay the execution thereof by filing the appropriate bonds or instruments so that execution shall not issue against the house staff officer.

Attachment D – Hospital and Health Insurance Benefits for Residents and Their Families

Westchester Health Corporation- Resident Agreement

ARTICLE VIII - HEALTH AND HOSPITAL BENEFITS

Section 1.

The health and hospital benefits currently available to house staff officers shall be as set forth in Appendix A, attached hereto.

Section 2.

The Corporation shall not diminish current health and hospitalization insurance benefits and options available to house staff officers and their qualified dependents, except as otherwise herein expressly specified.

Effective January 1, 1991 the Corporation will provide health and hospitalization benefits at the level of the "Empire Core Plus Medical and Psychiatric Enhancement" as provided to other Corporation employees.

Section 3.

In the event that the Corporation successfully negotiates a change in the level of health insurance coverage with the other unions of the Corporation, the parties agree to meet to negotiate this specific issue. The matter will be submitted to arbitration as outlined in this Agreement for determination of appropriateness of the change or resolution of dispute should the parties not reach a mutually acceptable solution.

Section 4.

The Corporation shall provide copies of the policies and explanatory booklets, if any, pertaining to such programs and options to the CIR as soon as the same are made available to the Corporation. The Corporation shall provide certificates of insurance and explanatory booklets to each house staff officer at the time he/she commences employment with the Corporation or at the time such insurance or coverage commences or changes.



Summary of Benefits*

Interns and Residents

Effective 1/1/16

*This document is intended to serve as an Executive Summary of the benefits available to CIR members of staff at the Westchester Medical Center (hereinafter referred to as "WMC"). In the event there is a discrepancy between this summary and any Plan Document, or policy and procedure of WMC, then the respective Plan Document, or policy and procedure of WMC shall prevail.

HEALTHCARE DEPENDENT ELIGIBILITY VERIFICATION:

Coverage will be effective your date of hire. Westchester Medical Center verifies the eligibility of all dependents prior to enrollment in our health insurance plans. If you are enrolling dependents, you are required to confirm that your dependent(s) are eligible for coverage under the plan(s) by providing supporting documentation.

The types of documentation you will be required to provide will include copies of documents such as marriage and birth certificates.

Please note that dependents will not be enrolled in the plans until documentation is received by the Benefits Office. All required documentation must be received within 31 days of hire date (incomplete documentation will not be accepted). If the required documentation is received after 31 days, your dependent(s) coverage will not become effective until the earlier of 1) the 1st of the third month following receipt of the required documentation or 2) the following January 1 provided you notify the Benefits Office during the annual Open Enrollment Period.

MEDICAL & RX COVERAGE:

Employee medical and prescription coverage is provided by the WMC self-insured plan administered by Aetna. The plan includes hospitalization, major medical, in-patient and out-patient, (retail and mail order) prescription drug coverage.

DENTAL, VISION AND DISABILITY BENEFITS:

All Interns and Residents have dental and vision coverage and disability insurance through the Committee of Interns and Residents (CIR). The office can be reached at (212) 356-8180, or the CIR Website: <http://www.housestaffunion.org/westchester-medical-center/>.

FLEXIBLE SPENDING ACCOUNTS (Section 125 Plan):

Spending accounts allow you to set aside a portion of your income as pre-tax dollars to pay for medical care, dependent care, transit and parking expenses.

Health Care & Dependent Care Flexible Spending Accounts (Section 125 Plan)

- Health Care provides reimbursement for medical, dental, vision, and prescription drug expenses not covered under any plan. The annual maximum contribution is \$2,550.
- Dependent Care provides reimbursement for nursery school, day care, babysitting and summer day camp for children under 13 years of age and elder care so you and, if applicable, your spouse can work. The annual maximum contribution is \$5,000; \$2,500 if married and filing separately.
- Enroll in the flex plan as a new employee, or sign up every year during open enrollment period.
- The flex plan year is January 1 to December 31. There is a 2 ½ month grace period through March 15 of the following year during which time you can incur expenses for the previous year. Any balances remaining after April 30 will be forfeited.
- Once you enroll, you can not change or terminate your election unless there is a life event change which is determined by Federal guidelines.

PARKING EXPENSE SPENDING ACCOUNT:

Up to \$255 per month (\$3,000 per calendar year) can be set aside as pre-tax dollars to pay for parking incurred at or near WMC or to a location from which employees commute to work by carpool, vanpool or mass transit. Ineligible parking expenses include bridge tolls, gasoline; parking at employee's residence or spouse's and dependent's parking expenses. If you participate in this account, the monthly fee to park at WMC will be deducted pre-tax from your payroll check. You will not need to submit claim forms for reimbursement.

TRANSIT EXPENSE SPENDING ACCOUNT:

Up to \$255 per month (\$3,060 per calendar year) can be set aside as pre-tax dollars to pay for transit or vanpool expenses.

NEW YORK STATE RETIREMENT PLAN (Tier 6) OPTIONAL

Enrollment in the New York State Retirement Plan is optional for Interns and Residents.

- After ten (10) full years you are vested in the retirement plan.
- Eligible for retirement between age 55 and 63 with an increased reduction for early retirement.
- Tier 6 members as of April 1, 2013 contribute a percentage that is based on annual salary.
- Per NY State regulations, WMC contributes monies available once employee is vested.
- Eligible to borrow up to 75% of your contributions from the retirement system. You must have a balance of at least \$1,334 and be enrolled for one year.

- Provides a life insurance benefit after one year of membership. See section below regarding NY State Retirement System Life Insurance.

Details on the plan can be located on the Web Site www.osc.state.ny.us/retire/members/index.

NEW YORK STATE DEFERRED COMPENSATION PLAN 457(b):

Allows you to save for retirement without having your savings subject to current Federal and New York State income tax. Contributions are made via payroll deduction each pay period. You have a choice of several investment options, including a fixed interest option, and a number of mutual funds. During 2016, employees can contribute up to \$18,000. If age 50 and over, you may contribute an additional \$6,000. (There is also a special catch-up provision for those who are within 3 years of retirement). You may transfer funds from previous 401(k) or 403(b) plans. A representative is available on most Mondays in the employee's cafeteria (lower level) of the main hospital during lunch hours.

Details on the plan can be located on the Web site: www.nysdcp.com.

NEW YORK STATE RETIREMENT PLAN LIFE INSURANCE:

After one year of service (and a member of the Retirement system) 1x your salary, after two years 2X your salary, after 3 or more years 3X your salary. For 2016 the annual maximum salary used in the calculation is \$166,294; maximum benefit is \$498,882. The first \$50,000 is non-taxable to the beneficiary.

EDUCATIONAL & GOVERMENTAL EMPLOYEES FEDERAL CREDIT UNION:

Members of the credit union can take advantage of low interest rates for loans, savings and money market accounts, no check charges, direct deposit and payroll deductions options. Information packets are available in the benefits office or outside the payroll office.

EMPLOYEE ASSISTANCE PROGRAM (EAP):

EAP, offered through *Aetna Resources for Living*, is available at no cost to all full-time and part-time employees and their dependents, even if the employee has waived health insurance coverage. By calling 800-955-6422, a confidential toll free number, you and your dependents have access to a wide variety of services in areas such as wellness, relationship issues, substance abuse, child and elder care, legal and financial counseling, identity theft and credit restoration. This service is available 24 hours per day, 365 days per year. More information can be found on their website www.resourcesforliving.com. User Id is Westchester Medical Center, password is EAP.

DIRECT DEPOSIT:

WMC participates in Direct Deposit. The Direct Deposit form is available on our Intranet (iCare). Complete the form and attach a voided check or bank letter and return directly to WMC Payroll Services, 19 Bradhurst Ave., Suite 3150N, Hawthorne, NY 10532.

ADP iPay Statements enable WMC employees to view and manage much of their payroll information online, including access to pay stub earnings statements and W-2 forms. Go to WMC Intranet (iCare), Human Resources, Payroll, ADP iPayStatements to register or see iPay Instructions.

PAID TIME OFF:

- Vacation: Hired July 1 to June 30 – four (4) weeks
- Personal: None
- Holidays: 12 days per year
- Sick: 12 days, 12 days annually thereafter

For additional information refer to iCare or e-mail Benefits Help via the Outlook Address Book (or BenefitsHelp@WMCHHealth.org if e-mailing externally).

ATTACHMENT E - Conditions under Which Living Quarters, and Laundry or Their Equivalents Are to Be Provided

WESTCHESTER COUNTY HEALTH CARE CORPORATION

Resident Agreement (CIR Contract – Article X, Sections 1, 2; Article XII, Article XIX)

HOUSING/RENTAL LISTINGS

New York Medical College, Student Housing Office, offers a listing of rentals in the area. They are located in Sunshine Cottage, room 116, telephone number 914-594-4832 or Housing@nymc.edu

Additionally, rentals are often posted in various places in the Basic Science Building.

LIVING QUARTERS

The Medical Center has limited living quarters on the campus. To ensure equitable distribution of housing units amongst clinical services, a certain number of apartments are designated to these services exclusively. Therefore, contact should be made with your department's assigned housing coordinator for any information pertaining to the availability of these units.

The Westchester Medical Center Housing Office is located in the Taylor Pavilion, room C-121. For information or assistance on housing, excluding availability; call 493-7028, weekdays during the hours of 9:00 a.m. to 3:00 p.m. Below are the rental costs projected for July 2015:

Single (Studio)	\$572.77 per month
1 Bedroom	\$747.62 per month
2 Bedroom	\$908.35 per month

LAB COATS

All House Staff members are provided three (3) Lab Coats for use while they are employed at Westchester Medical Center. The Lab Coats are the property of Westchester Medical Center (WMC) and must be returned when the House Officer leaves the employment of WMC.

Lab Coats are distributed through the lab coat machine located in Macy Pavilion, 2nd floor. At the beginning of the training, each house staff member is given an access code for the machine, which will dispense one (1) coat at a time.

If the lab coats become stained or torn, the House Staff member should go to the machine, enter their access code put the soiled lab coat in the machine and choose a new one.

ATTACHMENT F – Counseling, Medical, Psychological and Other Support Services

**WESTCHESTER COUNTY HEALTH CARE CORPORATION
Resident Agreement**

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program, (EAP), offered through Aetna Resources for Living, is available at no cost to all full-time and part-time employees and their dependents, even if the employee has waived health insurance coverage. By calling 800-955-6422, a confidential toll free number, you and your dependents have access to a wide variety of services in areas such as wellness, relationship issues, substance abuse, child and elder care, legal and financial counseling, identity theft and credit restoration. This service is available 24 hours per day, 365 days per year. More information can be found on their website, www.resourcesforliving.com. User ID is Westchester Medical Center, password is EAP.

In addition to the Employee Assistance Program, access to evaluation, counseling and treatment services outside WMC is available via the WMC Department of Psychiatry (914-493-1701) and/or the GME Office (914-493-6814). More information can be found on the GME Site on iCare.

ATTACHMENT G - Institutional Policies Covering Sexual and Other Forms of

Harassment

WESTCHESTER COUNTY HEALTH CARE CORPORATION

Resident Contract

**WESTCHESTER MEDICAL CENTER
HUMAN RESOURCES
POLICY AND PROCEDURES**

SECTION: **III-D-2**

SUBJECT: **EMPLOYEE BEHAVIOR**

Sexual Harassment

EFFECTIVE DATE: **6/1/91**

REVISION DATE: **11/00**

PURPOSE AND POLICY:

Westchester County Health Care Corporation (“WCHCC”) is committed to fostering a work environment free of sexual harassment and intimidation where every individual is treated with respect and dignity. In fostering such a work environment, WCHCC wishes to maintain all of its job sites free of inappropriate or unwelcome conduct of a sexual nature by and/or toward employees, supervisors, patients, visitors, vendors, contractors, volunteers, temporary agency employees, students, interns, physicians or any other persons. Therefore, WCHCC will not tolerate or condone any form of sexual harassment or any other abusive conduct or treatment of a sexual nature either at WCHCC or at outside WCHCC-sponsored events.

Definition of Harassment

Sexual harassment is a form of unlawful discrimination which violates WCHCC policy. In accordance with the Equal Employment Opportunity Commission’s definition, sexual harassment is defined under this policy as unwelcomed sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

- (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
- (2) submission to or rejection of such conduct by an individual is used as the basis for an employment decision affecting such individual; or
- (3) such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Harassment does not refer to behavior or occasional compliments of a socially acceptable nature. It refers to unwelcome conduct that is offensive, especially where that conduct interferes with effectiveness at work. Sexual harassment may take the form of a demand for sexual favors, but there are other forms of harassment, including but not limited to, unwelcomed:

WESTCHESTER COUNTY HEALTH CARE CORPORATION**Resident Contract****Attachment G**

- Verbal: Sexual advances or propositions, repeated social invitations despite invitee's expressed lack of interest, sexual innuendoes, suggestive comments, jokes of a sexual nature, sexually vulgar language, derogatory or sexually suggestive epithets, graphic, degrading or condescending comments about an individual's appearance, dress or anatomy; and
- Non-Verbal: Sexually suggestive objectives or pictures (including, for example, calendars, cartoons, photographs, e-mails, screen-savers, posters or drawings), or obscene gestures; this includes the use of Internet or e-mail to display, and/or transmit any sexually explicit images, messages, slurs, epithets or anything that could be construed as sexually harassing or disparaging to another; leering; and
- Physical: Unwanted physical conduct such as touching, pinching, kissing, embracing or blocking of normal movement.

Sexual harassment includes harassment between members of the opposite sex as well as between members of the same sex.

Obligations under the Policy

Every manager/supervisor is responsible for creating and maintaining a work environment that is free from sexual harassment and for taking immediate and appropriate action when necessary. It is the obligation of every employee, volunteer, student, intern and physician who works at WCHCC to understand this policy and refrain from engaging in any conduct that may constitute sexual harassment. All of these individuals are expected to demonstrate a strong commitment to maintaining a workplace that is free of sexual harassment.

Who is the Policy Applicable To?

This policy applies to all employees, members of the medical staff, including but not limited to interns and physicians, students, and volunteers. Appropriate disciplinary action up to and including termination of employment or termination of the working or contractual relationship shall be taken against any person found to have violated this policy.

PROCEDURE:

Notification: WCHCC encourages reporting of all perceived incidents of sexual harassment, regardless of who the potential offender might be. Any employee, member of the medical staff, student, volunteer or temporary agency employee who feels he or she has been subject to or witness of any kind of sexual harassment described in this policy should immediately notify his or her supervisor or the Director of Labor Relations in the Department of Human Resources. The Supervisor then shall immediately notify the Assistant Director of Human Resources of the complaint. In the event that the complaint involves the individual's supervisor, or the individual does not feel comfortable notifying his or her supervisor, he or she should notify the person to whom the individual's immediate supervisor reports (such as the Department Head) or the Assistant Director of Human Resources.

Timeliness: Prompt reporting of perceived incidents of sexual harassment is important to ensure that corrective action may be taken in a timely manner. We urge every individual to act promptly.

WESTCHESTER COUNTY HEALTH CARE CORPORATION**Resident Contract****Attachment G**

Investigation: All reports of alleged sexual harassment will be promptly reported to and investigated by the Human Resources Department in a sensitive and discrete manner and will be kept confidential to the extent consistent with the need to fairly investigate and resolve the complaint. An investigation which will include interviews with the individual making the complaint, the accused individual, any witnesses and any other relevant persons, will be conducted promptly. Any individual who fails to cooperate in any such investigation may be subject to disciplinary action. The complainant and the person alleged to have violated the sexual harassment policy will be informed of the results of the investigation.

Disciplinary Action: If the investigation reveals that this policy has been violated, prompt disciplinary action designed to immediately stop the harassment and to prevent its recurrence, will be taken, up to and including termination of the employment relationship or working relationship or contractual relationship.

Harassment by Third Parties

WCHCC will not tolerate harassment of its employees, medical staff, students, volunteers or temporary agency employees by visitors, patients, or outside vendors or contractors. In the event a WCHCC employee, member of medical staff, student, volunteer or temporary employee is subjected to harassment by a visitor, patient or outside vendor or contractor, the individual should immediately report such harassment to his or her supervisor or to the Assistant Director of Human Resources. To the extent of its authority, WCHCC will take all reasonable steps to ensure that such conduct is not repeated.

Harassment of Third Parties

Any temporary agency employee, volunteer, outside vendor, contractor or member of the medical staff, including but not limited to, physicians, interns and students, who work at WCHCC who believes he or she has been subject to or witnessed any kind of sexual harassment described in this policy should immediately notify the Assistant Director of Human Resources. To the extent of its authority, WCHCC shall then take prompt, appropriate action in response to the complaint.

Non-Retaliation

There will be no adverse employment action taken against any individual for initiating, testifying, assisting or participating in good faith in any manner of proceeding under this policy. However, retaliation against complainants, witnesses or other parties is a serious violation of this policy and should be reported immediately using the above procedures. Any person who is found to have engaged in retaliation in violation of this policy is subject to disciplinary action up to and including termination of employment relationship or working or contractual relationship. WCHCC shall take all reasonable steps to prevent employees, members of medical staff, students, volunteers and temporary agency employees from retaliation or discrimination for filing a sexual harassment complaint or participating in a sexual harassment investigation. If, however, after investigating a complaint of harassment, WCHCC determines that the complaint is false or that an individual has knowingly provided false information regarding the complaint, disciplinary action may be taken against the individual who filed the false complaint or gave false information.

Questions

Questions regarding this policy should be directed to the Director of Labor Relations in the Department of Human Resources at 493-5072. (Any changes in the telephone number shall be conspicuously posted.)

ATTACHMENT H - Duration of Appointment and Process of Reappointment

WESTCHESTER COUNTY HEALTH CARE CORPORATION

Resident Contract - CIR Contract - Article V, Sections 1-6

Section 1.

Each house staff officer shall, prior to his/her employment receive a written contract not inconsistent in any of the provisions herein, which shall set forth the commitments to such house staff officer in the following areas: (a) maintenance of electives, (b)rotational schedule, and (c) PGY level and salary level appropriate to the PGY level.

Section 2.

The form of individual contact presently used by the Corporation shall be furnished to the CIR and, if changed, a copy of any such change will be furnished to the CIR prior to its use.

Section 3.

Each house staff officer shall be notified in writing at least seven and one-half (7·1/2) months prior to the termination date of his/her individual contract whether his/her contract will be renewed. Earlier notice, if possible, will be given to house staff officers. Any house staff officer not so notified will automatically be renewed.

Section 4.

No individual waiver by a house staff officer of his/her rights or those of the CIR under the collective bargaining agreement shall be effective unless consented to in writing by the CIR.

Section 5.

The Corporation will notify each house staff officer affected and the CIR:

- a. Within thirty days of a decision to discontinue any training program for any reason.
- b. Immediately upon receipt from the ACGME/ADA/AOA of any notification regarding non-accreditation or probation or similar change in the professional status of any training program.

Section 6.

The Corporation shall issue the appropriate certificates of satisfactory completion-of each house staff officer's post graduate training program or part thereof upon the house staff officer's completion of the final year of the officer's training or part thereof at the Medical Center.

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

Manual Code: R-9 Page: 1 of 1
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SUBJECT: RESIDENT PHYSICIANS'/FELLOWS' WORKING HOURS (MOONLIGHTING)

EFFECTIVE DATE: November 1998	REVISED/REVIEWED DATE: Revised November 2005 Reviewed: July 2007	SUPERCEDES: November 2001
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POLICY

Any resident physician (or fellow) who is either enrolled in a Westchester Medical Center (WMC) program or on rotation to WMC from an affiliated program, who is working as a physician beyond the scope of the authorized training program (moonlighting); must: 1) obtain prior approval from their program director for such work; and 2) make notification of such work hours to the proper authority as prescribed by WMC.

Any resident or fellow who moonlights must be in compliance with all components of New York State Health Code, Part 405.4, as well as the ACGME duty hours regulations. Specifically, any resident who is working an average of 80 hours per week over a four week period within a residency training program is prohibited by the New York State Health Code, Part 405.4 from working at any other job as a physician providing patient care services.

Permission to moonlight can be withdrawn by the program director at any time, based on deficiencies in performance. No resident or fellow can be mandated to moonlight.

N.B. THERE IS NO MALPRACTICE INSURANCE COVERAGE FROM WESTCHESTER MEDICAL CENTER FOR ANY MOONLIGHTING ACTIVITY.

PROCEDURE

Documentation of work hours must be provided to the Program Director and WMC's House Staff Division of the Department of Regulatory Affairs/Office of General Counsel by any resident physician or fellow who is moonlighting. This applies to moonlighting at any health care facility, including WMC. The documentation **must** include the number of hours the resident is working (including moonlighting). At no time should resident physicians who are working on a visa with a single place of employment listed be working at a site other than that listed.

Failure to adhere to this policy and procedure will lead to disciplinary action, up to and including termination.

Chairman, Graduate Medical Education Committee

President, Medical Staff

President and CEO

Attachment J - Grievance Procedure

WESTCHESTER COUNTY HEALTH CARE CORPORATION

Resident Contract - CIR Contract - Article XVI, Sections 1-9

Section 1

The term "grievance" shall mean:

- a. A dispute concerning the application or interpretation of the terms of this collective bargaining agreement; or
- b. A claimed violation, misinterpretation, or misapplication of the rules, regulations, authorized existing policy or orders of the Corporation or Corporation Medical Center, affecting the terms conditions of house staff employment and/or training programs; or
- c. A claimed regular or recurrent assignment of employees to duties substantially different from those stated in their job specifications; or
- d. A question regarding the non-renewal of the appointment of a house staff officer.

The provisions of this Article XVI shall not apply to a grievance under Article VI, Sections 1 and 2.

Section 2

Step 1

The employee and/or CIR shall present the grievance in writing to the employee's Division Director at the Corporation Medical Director or his/her designee no later than ninety (90) days after the date on which the grievance arose. In grievances brought under Section I (d), the grievance shall be presented no later than ninety (90) days after the date on which written notice of non-renewal is received. The individual to whom the grievance was presented shall take any steps necessary to a proper disposition of the grievance and shall reply in writing by the end of the tenth (10th) work day following the date of submission; except for grievances brought under Section 1 (d), where the reply shall be in writing by the end of the fifth (5th) work day following the date of submission.

Section 2

Step II

- a. An appeal from an unsatisfactory determination at Step I or from Step 1 grievance brought under Section 1 (d), shall be presented in writing to the Corporation Director of Labor Relations within ten (10) working days of the receipt of the Step 1 determination. The Corporation Director of Labor Relations or his/her designated representative may meet with the employee and/or the CIR for review of the grievance and shall, in any event, issue a determination in writing by the end of the tenth (10th) work day following the date on which the appeal was filed.

- b. An appeal from an unsatisfactory determination at Step II in regard to a Grievance brought under Section 1 (d) shall be presented in writing within fifteen (15) days of receipt of the Step II determination to the House Staff Committee of the Medical Board for evaluation and determination. The decision of the House Staff Committee on such grievances may thereafter be reviewed by the Medical Board. The decision of the Medical Board in all such matters shall be final.

Step III

If the grievance is not resolved satisfactorily at Step II (a) within thirty (30) days of receipt of the Step II (a) decision, the CIR may submit the dispute to final and binding arbitration pursuant to the Voluntary Labor Arbitration Rules of the American Arbitration Association. The Corporation shall have the right to appeal any grievance determination under Section 1 of this Article, except for grievances brought under Section 1 (d), directly to arbitration. Such appeal shall be filed within thirty (30) days of the receipt of the determination being appealed. The American Arbitration Association and the impartial arbitrator's costs and fees shall be borne equally by the CIR and the Corporation. The determination of award of the arbitrator, or the arbitration panel convened under Section 7 of this Article, shall be final and binding and shall not add to, subtract from, or modify any provision of this contract, or rule, regulation, authorized existing policy or order, as set forth in Section 1 (b) of the Article, existing at the time the grievance arose.

Section 3

Any grievance of a general nature affecting a large group of employees and concerning a claimed misinterpretation, inequitable application, violation or failure to comply with the provisions of this agreement may be filed at the option of the CIR at Step II of the grievance procedure, without resort to the previous step.

Section 4

If the Corporation exceeds any time limit prescribed at any step in the grievance procedure, the grievant and/or the CIR may invoke the next step of the procedure; except, however, that only the CIR may invoke impartial arbitration under Step III .

Section 5

The Corporation shall notify the CIR in writing of all grievances filed by employees, all grievance hearings, and all determinations. The CIR and the employee shall be given forty-eight (48) hours notice of all grievance hearings and shall have the right to have a CIR representative participate at any grievance hearing.

Section 6

Each of the steps in the grievance procedure, as well as time limits prescribed at each step of this grievance procedure, may be waived by mutual agreement of the parties.

Section 7

At the request of both parties after the appointment of an arbitrator, or at the request of one party and the arbitrator, there shall be constituted a tripartite arbitration panel, consisting of the impartial arbitrator, a physician or dentist designated by the CIR and physician or dentist designated by the Corporation. The arbitrator shall be the chairperson and presiding member of the arbitration panel and shall be its only voting member. The determination or award of the arbitration panel shall be final and binding and shall not add to, subtract from, or modify any provision of this contract, or rule, regulation, authorized existing policy or order, as set forth in Section I (b) of this Article, existing at the time the grievance arose.

Section 8

The grievance and arbitration procedure contained in this agreement shall be the exclusive remedy for the resolution of disputes defined as "grievances" herein, but shall not be interpreted to preclude either party from enforcing the arbitrator's award in court.

Section 9

The Corporation shall arrange the schedules of house staff officers who are involved in grievance proceedings so as to permit reasonable time off thereon.

WESTCHESTER MEDICAL CENTER

DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

Manual Code:	Page: 1 of 5
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SUBJECT: REMEDIATION AND PROBATION FOR HOUSE STAFF MEMBERS

EFFECTIVE DATE: FEB 2008	REVIEWED DATE:	REVISED DATE:
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POLICY

It shall be the policy of Westchester Medical Center that a course of remediation and probation should be implemented if, in the discretion of the Hospital's President and CEO, Program Director or Department Chair, a House Staff member's performance is below the expected academic level, or whenever the conduct, condition, professional or otherwise, of the House Staff member is considered to be inconsistent with the Hospital's standards of patient care, patient welfare or the objectives of the Hospital, if such conduct or condition reflects adversely on the Hospital or the character or competence of such House Staff member, or results in disruption of Hospital operations. It shall also be the policy of the Medical Center to comply with all ACGME and JCAHO requirements regarding process, including notice and, where appropriate, appeal of any such remediation or probation.

PURPOSE

The Remediation/Probationary process described herein is not intended to be disciplinary in nature, but instead designed to identify deficiencies to the House Staff member with the expectation that such deficiencies will be addressed and corrected. Depending on the circumstances involved, remediation and/or probation may also include a restriction or suspension of clinical privileges, including on a summary basis, or the involuntary non-renewal of a contract. Under such circumstances, this policy will be supplemented by the procedures contained in the Collective Bargaining Agreement between Westchester County Health Care Corporation and the Committee of Interns and Residents/SEIU.

SCOPE

Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs.

Program Directors

Program Coordinator

WESTCHESTER MEDICAL CENTER

DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

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DEFINITIONS

The following definitions are applicable to this policy:

Remediation: Process followed to correct educational deficiency (ies)

Probation: Process followed when Remediation has not corrected deficiency (ies) or when warranted by circumstances.

House Staff: Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs.

Westchester County Health Care Corporation: All inpatient services, rehabilitation medicine, skilled nursing services and ambulatory care services provided to patients at University Hospital, Maria Fareri Children's Hospital, Taylor Care Center, Behavioral Health Center and the Department of Corrections.

Committee for Interns and Residents/SEIU: Union which represents Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate education training programs at the Westchester County Health Care Corporation

POLICY AUTHORITY

Office of Medical Education

RELATED POLICIES

NONE

PROCEDURE

As described in more detail below, the time, course and content of the remedial and probationary process must be prescribed in writing by the Program Director or Department Chair and provided to the House Staff member at the commencement of the process and forwarded to the Chair of the Graduate Medical Education ("GME") Committee.

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Remediation

1. Remediation should be considered once a deficiency is identified. Remediation is not reportable to any federal or state agency or to the ACGME. It is the intention of the Medical Center that remediation would not have to be disclosed by the House Staff member or Program Director on any subsequent applications or other requests for academic history. The Program Director, Department Director, or President of the Hospital may skip remediation and take other steps consistent with this policy and/or the Collective Bargaining Agreement should the circumstances warrant. Under such circumstances, the Program Director, Department Director, and/or President are urged to coordinate with the Vice President of Academic Affairs, the Chair of the Hospital's GME Committee, and the Office of Legal Affairs.

2. Remediation is to be employed as soon as possible after a deficiency is identified. Prior to issuing a letter of remediation, however, the Program Director should investigate and document the reasons for the deficiencies through, when appropriate, chart review, discussions with attendings, peers, and/or nursing.

3. Once the reasons for the deficiencies are properly identified, the Program Director shall issue to the House Staff member a letter advising the House Staff member that he or she is being placed on remediation. The letter shall include: (i) notice that the House Staff member is being placed on non-disciplinary remediation; (ii) the reasons for the remediation; (iii) the expected duration of the remediation, including any interim timelines in which performance will be reviewed during remediation; (iv) a plan of correction for the House Staff member; and (v) the consequences should the House Staff member fail to fully address the deficiencies noted, including the possibility of probation, a requirement that rotations be repeated, delays in graduation, and/or termination from the Program.

4. A copy of this letter shall be placed in the House Staff member's file and forwarded to the Chair of the Hospital's GME Committee, the Hospital's Chief Medical Officer, and Vice President for Academic Affairs.

Probation

1. Probation is to be employed should there be no satisfactory improvement by the House Staff member after receiving a letter of remediation, and/or when circumstances warrant skipping the initial remedial phase. While probation is considered by the Hospital to be non-disciplinary in nature and is therefore not reportable by the hospital to any state or federal licensure agency, certain other entities and organizations, including the ACGME may require a House Staff member to disclose the fact that he or she was placed on probation. Accordingly, in order to comply with notions of "due process," certain enhanced notice and appeal rights are applicable once a House Staff member is placed on probation.

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2. Like remediation, prior to issuing a letter of probation, the Program Director should investigate and document the reasons for the deficiencies through, when appropriate, chart review, discussions with attendings, peers, and/or nursing.

3. Once the reasons for the deficiencies are properly identified, the Program Director shall coordinate with the Office of Graduate Medical Education and the Office of Legal Affairs to draft a letter to the House Staff member, advising the House Staff member of that he or she is being placed on probation. The letter shall include: (i) notice that the House Staff member is being placed on non-disciplinary probation; (ii) the reasons for the probation; (iii) the expected duration of the probation (which may be much more abbreviated than the remediation, including any interim timelines in which performance will be reviewed during probation; (iv) a plan of correction for the House Staff member; and (v) the consequences should the House Staff member fail to fully address the deficiencies noted, including a requirement that rotations be repeated, delays in graduation, and/or termination from the Program.

4. Once drafted, the Program Director shall ensure that a copy of the letter of probation is mailed by certified mail to the House Staff member as soon as may be practicable under the circumstances and will also schedule a meeting to discuss the terms of probation with the House Staff member as soon as practical. At the same time, the affected House Staff member shall be advised of his or her right to request that a Graduate Medical Education Review Committee be formed to review the probation and the reasons therefore. Such request must be made in writing to the Chair of the Graduate Medical Education Committee within (5) days after the Graduate Staff member's receipt of the notice. Upon such request, the Chair of the Graduate Medical Education Committee will appoint a Graduate Medical Education Review Committee to hear the House Staff member's request for a review of the probation.

5. A copy of this letter shall be placed in the House Staff member's file and forwarded to the Chair of the Hospital's GME Committee, V.P. for Acad. Affairs & DIO.

Graduate Medical Education Review Committee

1. If requested, a Graduate Medical Education Review Committee (GMERC) shall be appointed by the Chair of the Graduate Medical Education Committee to review the probation imposed on a House Staff member. The GMERC shall consist of (i) another Program Director, who shall Chair this Committee, (ii) an Attending physician not a member of the Department to which the House Staff member is assigned, and (iii) a member of the House Staff from another discipline. The failure of the House Staff member who was placed on probation to appear shall be deemed a waiver of any right to challenge the probation. A record of the Committee meeting shall be made by such method as shall be determined by the Chair of the GMERC. The meeting shall not be considered to be a formal hearing and therefore shall not be subject to any formal rules of evidence or procedure.

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DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
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The introduction of any relevant information shall be determined by the Chair. In order to reverse the decision to place the House Staff member on probation, the House Staff member shall have the obligation to persuade the Committee that probation lacks any factual basis or that is either arbitrary, unreasonable or not in compliance with applicable law.

2. Within ten (10) days after the meeting, the GMERC shall submit a written decision which may accept, reject or modify the terms of probation along with a statement of the reasons therefore to the Chair of the GME Committee. The Chair of GME will distribute copies of the GMERC's decision to House Staff member, the Department Chair, Vice President for Academic Affairs and DIO.

Appeal

1. Should the GMERC uphold the terms of probation, the House Staff member may request an appeal of the matter before the Vice President of Academic Affairs. The request must be in writing and made within five (5) days of the House Staff member's receipt of the decision of the GMERC. Upon receipt of the request for an appeal, the Vice President of Academic Affairs will review the House Staff member's record, the basis of the probation, and the GMERC's decision. The Vice President of Academic Affairs may request and consider any additional information he or she deems necessary. Upon completion of his or her review, the Vice President of Academic Affairs will notify the Chairman of Hospital's GME Committee, House Staff member, the Program Director, the Department Chair and the DIO of his or her decision in writing.

2. The decision of the Vice President of Academic Affairs will be final and binding upon all parties. Failure by the House Staff member to make a request for an appeal within the time frame set forth in the above paragraph will be deemed to be a waiver by the House Staff member of any further appeal of this matter, and the decision of the GMERC shall be deemed conclusive and final.

Approved by:

Chief Medical Officer _____ Date

Vice President _____ Date
Clinical and Academic Affairs

Chair _____ Date
WMC GME Committee

WESTCHESTER MEDICAL CENTER

Policy & Procedure

Manual	Code:	GME-1
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SUBJECT: House Staff Supervision

EFFECTIVE: August 2014	REVIEWED:	REVISED:
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POLICY

It is the policy of Westchester Medical Center that Members of the House Staff (also referred to in this policy as "residents") are valuable members of the patient care team practicing medicine or dentistry under the supervision of a member of the Medical Staff and are typically in training programs accredited by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, the American Osteopathic Association or an equivalent accrediting agency approved by the New York State Education Department.

PURPOSE

To implement policies and procedures to assure appropriate privileging and adequate supervision by the Medical Staff of house staff in the provision of patient care.

SCOPE :

Members of the House Staff (Residents and Fellows), Attending Physicians, Program Directors, Clinical Service Chiefs/Directors.

DEFINITIONS

- i. **Direct Supervision** means the supervising physician is physically present with the resident and patient and can visualize and direct the care
- ii. **Indirect Supervision with direct supervision immediately available** means the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- iii. **Indirect Supervision with direct supervision available** means the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- iv. **Oversight** means the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

LEAD DEPARTMENT(S)

Graduate Medical Education

WESTCHESTER MEDICAL CENTER

Policy & Procedure

Manual Code: GME-1

SUBJECT: House Staff Supervision

EFFECTIVE: August 2014	REVIEWED:	REVISED:
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PROCEDURE

1. MEDICAL EXECUTIVE COMMITTEE RESPONSIBILITIES:

The Medical Executive Committee, on behalf of the Medical Staff, shall:

- i. review the credentials and experience of residents in relation to the care to be provided within the training program prior to the delivery of patient care services;
- ii. institute written policies and procedures governing medical practice by residents.

2. CLINICAL SERVICE CHIEF AND PROGRAM DIRECTOR RESPONSIBILITIES:

The Clinical Service Chief and Program Director, as directed by the Medical Executive Committee shall:

- i. Develop a written, program-specific policy for supervision consistent with the institutional policy and respective specialty/subspecialty specific Program Requirements;
- ii. Program-specific policies shall reflect the circumstances and events in which residents must communicate with appropriate supervising faculty members; at minimum this must include the following;
 - a. New patient admission to the Hospital.
 - b. Transfer of the patient to the ICU;
 - c. Need for new intubation, or if an unplanned extubation occurs and re-intubation is not immediately performed;
 - d. Patient demise, cardiac arrest or other significant changes in hemodynamic status.
 - e. Development of major wound complications;
 - f. Adverse events requiring a change in the patient's level of care;
 - g. Any significant problem that will require a procedure or operation.
 - h. Critical test results as defined by the department/program which require urgent clinical intervention;
 - i. Patient elopement or other unplanned discharge.
- iii. develop and implement a written delineation of privileges for each resident level of the program using the aforementioned supervision definitions ;
- iv. evaluate and monitor patient care services provided by residents;
- v. identify appropriate supervisors; and

WESTCHESTER MEDICAL CENTER

Policy & Procedure

Manual Code: GME-1

SUBJECT: House Staff Supervision		
EFFECTIVE:	REVIEWED:	REVISED:

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- vi. report incidents when a resident or supervisor acts outside the scope of privileges granted and take action as defined in the Medical Staff By-Laws.

4. COMMON SUPERVISION REQUIREMENTS

a. Chain of responsibility and engagement:

All programs are expected to establish a specific chain of responsibility and engagement (“chain of command”) for patient care decisions. Individual programs should define specific issues or conditions that warrant discussion with a supervisor. Supervisors should make an effort to reach out to residents on patient care rather than solely waiting for a resident to initiate a concern.

All residents should consult with the attending physician regarding the assessment and treatment of a patient's illness. Treatment plans should be determined in accordance with the attending physician's recommendations.

PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.

b. Onsite supervision

At times, someone other than the attending physician may provide onsite supervision of routine hospital care and procedures. The attending retains the overall obligation of supervision and must always be immediately available by telephone and readily available to come to the Hospital. House staff members who are in their final year of residency training or who have completed at least three years of training in their program may provide such onsite supervision.

c. Documentation

Supervision must be documented in the patient's medical record on a regular basis.

d. Schedules

Supervision must be clear from resident and attending schedules. Each department will have these available at all times and will provide them as required.

WESTCHESTER MEDICAL CENTER

Policy & Procedure

Manual Code: GME-1

SUBJECT: House Staff Supervision

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e. Accrediting organization requirements

Each training program may have additional supervision standards as dictated by the accrediting organization which may be more restrictive than those outlined in this document. If so, the more restrictive standards will apply.

5. SUPERVISION IN SPECIFIC SETTINGS

The following will apply in specific settings. When more restrictive supervision requirements are established by other Hospital policies or procedures, the more restrictive supervision requirements will apply.

a. Surgery, Endoscopy, Interventional, and other invasive procedures

Attending physicians must directly supervise the critical portions of surgical, endoscopic, interventional, and other invasive procedures requiring general anesthesia or an operating room setting. If credentialed to do so, a resident may perform non-critical portions of the procedure under “Indirect Supervision with direct supervision immediately available” as defined above. The attending physician must document preoperative examination and assessment, supervision during critical portions of procedures, and postoperative daily examination and assessment.

b. Inpatient supervision

All inpatients must have a daily note from the attending of record, or the qualified covering attending, within 24 hours of admission or transfer, and for every hospital day thereafter. The note must document appropriate oversight and supervision of the house staff.

c. Emergency Department

The Emergency Department will have a supervising attending physician present in the Pediatric and the Adult Emergency Rooms at all times.

d. Obstetrics

An appropriately credentialed attending physician must directly supervise deliveries.

e. Outpatient/Ambulatory Clinics

An attending physician must provide either direct supervision or indirect supervision with direct supervision immediately available of all patient care and be available in the clinic for consultation and direct supervision as necessary.

f. Off site Rotations, including private physicians' offices

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Supervision of off site resident care must be defined in writing by each program. When residents are assigned to physicians' offices, they are under the supervision of that attending physician.

REFERENCES

NYS DOH Section 405.4 – Medical Staff
ACGME Requirements
CODA Requirements

APPROVALS

Graduate Medical Education Committee – 8/21/2014
Medical Executive Committee – 8/25/2014

Fredrick Z. Bierman, MD
Director, Graduate Medical Education

Renee Garrick, MD, Executive Medical Director

Allen J. Dozor, MD, President, Medical Staff

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

Manual Code: R-10 Page: 1 of 6
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SUBJECT:

RESIDENT PHYSICIANS'/FELLOWS' WORKING HOURS, LIMITATION OF

REVIEWED: **November 2001**EFFECTIVE
DATE: **November 1998**REVIEWED
DATEREVISED
DATE: Sept 2008
April 2013

POLICY

It is the policy of Westchester Medical Center to provide an excellent education and a safe educational environment for residents, while at the same time ensuring excellent and safe patient care.

PURPOSE:

To ensure resident well being and patient safety, WMC policy states that duty hour schedules of resident physicians (including specialty residents, a.k.a. fellows) in training must comply with the duty hour limits set by both New York State law and the ACGME (see attached).

SCOPE

Residents and fellows enrolled in ACGME or ADA accredited or non - accredited graduate medical education training programs.

Program Directors

Program Coordinators

DEFINITIONS

DUTY HOURS: All clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

POLICY AUTHOR

Office of Graduate Medical Education

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

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RELATED POLICIES

R-9 Resident / Fellows Working Hours (Moonlighting)

PROCEDURE

A.

1. The scheduled work week must average no more than 80 hours per week over a four week period.
2. A resident must not be assigned patient care responsibilities for more than 24 consecutive hours. Residents may remain on duty for up to 3 additional hours to participate in transferring care of patients and didactic activity. PGY 1 residents may not work more than 16 consecutive hours.
3. In-House call must occur no more frequently than every third night.
4. A resident shall have at least one 24 hour period of off-duty time each week. This period must be free of all clinical and educational responsibilities including both in-house and pager call.
5. Scheduled on-duty assignments shall be separated by at least 10 non-working hours.
6. It is the responsibility of the respective Residency Program Director(s) to insure that resident duty hours are in compliance with all governing authorities. Appropriate reviews and monitors should be implemented to insure compliance.

- B.** In situations where the NYSDOH Code 405 regulations and the ACGME requirements differ, the policy that is more restrictive of duty hours shall be enforced.

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- C.** In those programs where night calls are infrequent and rest is "adequate" the Program Director has additional flexibility in setting the schedules. That is #1 and #2 above need not be rigidly enforced. This flexibility does not apply to the following training programs:

- Anesthesiology
- Family Practice
- Medicine
- Surgery
- OB/GYN
- Pediatrics
- Other programs with a high volume of acutely ill patients

"On call" duty in the hospital during the night shift hours by PGY 2 and above trainees in surgery shall not be included in the twenty-four limit contained in A.4 if:

(1) the hospital can document that during such night shifts postgraduate trainees are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the postgraduate trainee has continued responsibility.

(2) such duty is scheduled for each resident no more often than every third night;

(3) a continuous assignment that includes night shift "on call" duty is followed by a non-working period of no less than sixteen hours; and

(4) policies and procedures are developed and implemented to immediately relieve a postgraduate trainee from a continuing assignment when fatigue due to an unusually active "on call" period is observed.

- D.** Moonlighting hours (as addressed in WMC Administrative Policy & Procedure R-9, Resident Physicians'/Fellows' Working Hours (Moonlighting), (copy attached), must be added to training program work hours to arrive at a resident's total duty hours.

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- E.** Each program must have written policies and procedures consistent with the WMC's policy on duty hours. These policies must be distributed to all residents in addition to all WMC Policies and Procedures by the respective Program Director(s) upon a resident/fellow's initial orientation to the Program and whenever policies/procedures are revised. Residents/Fellows should be made to sign for these policies indicating receipt and understanding. A copy of the signed policy receipt should be maintained by the respective Program Director and a copy must be sent to the WMC Office of Graduate Medical Education.
- F.** Residents will accurately log their duty hours on a daily basis using WMC's web based Residency Management Suite (New Innovations)
- G.** Resident duty hours must be monitored by individual programs and the WMC Office of Corporate Compliance, in conjunction with the WMC Office of Graduate Medical Education, with a frequency in compliance with corporation policy. It is expected that all individual Program Directors will cooperate with the WMC Office of Corporate Compliance and the WMC Office of Graduate Medical Education in these monitoring activities and any follow-up that is required based on the results of the monitoring.
- H.** Attendings and residents must be educated to recognize the signs of fatigue. Written policies and procedures shall be implemented by each Program Director whereby a resident may be immediately relieved from on-call duty if he/she is fatigued. A copy of all policies must be maintained on file in the WMC and NYMC GME Offices and the WMC Office of Corporate Compliance.
- I.** All efforts should be made to ensure that residents are not required to perform duties regularly performed by ancillary services. If residents are performing duties that may result in non-compliance of Part 405 requirements, the Program Director should be notified immediately by the resident.
- J.** Each program is responsible for the construction of on-call schedules which are in compliance with duty hour regulations. These schedules must be submitted to the Office of Graduate Medical Education 20th of every month. Program Directors are required to submit any changes to the schedule immediately.
- K.** All residents are instructed regarding the institution's and their specific department's duty hour policies and monitoring practices at both general and program-specific orientation sessions.

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

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- L. Each program is responsible for monitoring residents for compliance with the duty hour policy. Program directors, program coordinators and chief residents, where applicable, will monitor duty hours on a daily basis.
- M. The Office Graduate Medical Education will conduct audits of the duty hours of trainees monthly. Any trainee found out of compliance will be reported to the Program Director with a cc to the Director of Graduate Medical Education. Program Directors are informed that they must address the issue immediately.
- N. The results of the monthly audits are reviewed and discussed at the Westchester Medical Center Graduate Medical Education Committee (GMEC) on a quarterly basis. This report will also be furnished to the following:
 - WMC Executive Committee / Clinical Departmental Directors/Chairpersons
 - Corporate Compliance Committee
 - Dean's Office of New York Medical College
- O. NYSDOH has informed all Teaching Hospitals within NYS that unannounced visits by IPRO will occur on at least a tri-annual basis for all training institutions. When IPRO visits, all programs must furnish any requested schedules or other documentation and residents must be furnished with the opportunity to be interviewed by IPRO site visitors. Residents must supply accurate duty hour information to the IPRO visitors. The IPRO Duty Hour visits are coordinated by the Office of Graduate Medical Education.
- P. When a resident desires to report a possible violation of the duty hour policy, it should first be discussed with the program director. If that is uncomfortable for the resident or there is an insufficient response, a violation should be reported to the Office of the Director of Graduate Medical Education or the Office of Corporate Compliance or Labor Relations.
- Q. When a program is found to be in violation of NYSDOH regulations or ACGME requirements, a corrective action plan must be formulated by the program and presented to the WMC Graduate Medical Education Committee.

WESTCHESTER MEDICAL CENTER

ADMINISTRATIVE POLICY AND PROCEDURE(S)

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- R.** WMC will fully support the NYS IPRO, ACGME, NYMC GME office and internal work hour monitoring programs. Violations of work hour policy found via any monitoring will be discussed at the WMC GMEC. Corrective action plans in response to any violations will be reviewed at the GMEC as well. Work hour violations will be reported to the WMC Medical Board on a quarterly basis.

SIGNATURE ON FILE _____
Chairman, Graduate Medical Education
Committee

SIGNATURE ON FILE _____
President, Medical Staff

SIGNATURE ON FILE _____
Executive Medical Director

Attachment K- Resident Agreement

WESTCHESTER MEDICAL CENTER
 DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
 OFFICE OF MEDICAL EDUCATION

 Manual Code:
 Page: **1 of 2**

SUBJECT: ADVANCEMENT IN TRAINING LEVEL; USMLE OR COMPLEX STEP 3 REQUIREMENT

EFFECTIVE DATE:	REVIEWED DATE:	REVISED DATE:
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POLICY

It is the policy of the Westchester Medical Center (WMC) that every WMC-based categorical residency training program at WMC require trainees to pass Step 3 of the USMLE or COMPLEX examination sequence prior to the end of their second year of training. Every WMC residency program must have a policy that stipulates a deadline by which its residents must take and/or pass the USMLE or COMPLEX step 3 exam and that policy must be consistent with WMC and New York Medical College (NYMC) policy. Residents must fulfill this requirement in order to be considered in good academic standing and as an essential element of completing a residency program.

PURPOSE

To ensure that 1) residents are adequately prepared for certification by the American Board of Medical Specialties and 2) Step 3 has been passed prior to the start of the third year of training, so that residents can focus on studying for specialty board certification.

SCOPE

WMC Categorical Residency Training Program Directors and Coordinators
 WMC Categorical Residents in Residency Training Programs

DEFINITIONS

The following definitions are applicable to this policy:

WMC Residency Training Programs: Anesthesiology, Internal Medicine, Neurology, Neurosurgery, Ob/Gyn, Ophthalmology, Orthopedic Surgery, Pathology, Pediatrics, Psychiatry, Radiology, General Surgery, Urology

POLICY AUTHOR

Office of Medical Education

RELATED POLICIES

None

WESTCHESTER MEDICAL CENTER
DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

Manual Code: Page:	2 of 2
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SUBJECT: ADVANCEMENT IN TRAINING LEVEL; USMLE OR COMLEX STEP 3 REQUIREMENT

EFFECTIVE DATE:	REVIEWED DATE:	REVIEWED DATE:
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PROCEDURE

Each residency program shall develop a policy that specifies the dates by which categorical residents must take and/or pass the USMLE or COMLEX Step 3 examination. The program may require that it be passed at any time, but not later than the end of their second year of residency training in order to be promoted to the third year of training.

WMC Program Directors shall inform residents and applicants to the program of their policy at the time of interview and reinforce the information regularly.

WMC Program Coordinators shall track the USMLE or COMLEX status of each resident and in conjunction with the Program Director, enforce compliance with policy. The Department of Clinical and Academic Affairs – Office of Medical Education shall review the USMLE or COMLEX status of all residents with Program Coordinators on at least a semi-annual basis.

Residents will schedule USMLE Step 3 examinations or COMLEX Step 3 in order to comply with policy. Residents who have not passed USMLE Step 3 or COMLEX Step 3 by seven and one-half ($7^{1/2}$) months prior to the start of their third year of training will receive a letter of non-renewal.

Renee Garrick, MD
 Chief Medical Officer

Linda Glickman
 VP – Clinical and Academic Affairs

Paul Woolf, MD
 Chairman –Graduate Medical Education

WESTCHESTER MEDICAL CENTER

Clinical and Academic Affairs: All Campus Locations

Manual Code: MS-20A Page 1 of 7

SUBJECT: Physician Health and Impairment

EFFECTIVE: May 2003	REVIEWED: Aug. 2015; Jan. 2014; July 2011	REVISED: Aug 2011, Jan 2012, Dec. 2012
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POLICY

It is the policy of Westchester Medical Center (WMC) to provide safe, effective, timely and respectful medical care while fostering an environment which promotes physician health. The hospital provides medical care and administers all programs consistent with New York State Public Health and Education Laws, and the guidelines/requirements of the Joint Commission and OSHA. The hospital and medical staff implements processes to identify and manage matters of individual physician health, which is confidential and separate from actions taken for disciplinary purposes. This policy should be used by all employees and Medical and Dental Staff who wish to relay concerns about physicians who may be suspected of suffering from an illness with the potential of leading to impairment.

PURPOSE

The purpose of this policy is to implement a process that provides education about physician health addresses prevention and facilitates confidential diagnosis, treatment and rehabilitation for physicians who suffer from a potentially impairing condition. The policy outlines the process to provide assistance to impaired physicians, and is separate from the medical staff disciplinary function, with the ultimate goal of maintaining optimal patient safety while adhering to any state or federally mandated reporting requirements. The policy also focuses on a procedure for the investigation and evaluation of a complaint or allegation concerning physician impairment.

SCOPE

All WMC employees and all credentialed staff

DEFINITIONS

Impaired Physician

"An impaired physician is one who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol" (American Medical Association).

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Possible Indications of Impairment:

- Unkempt appearance, poor hygiene
- Trembling, slurred speech
- Bloodshot or bleary eyes
- Complaints by patients and nurses
- Arguments, bizarre behavior
- Irritability, depression, mood swings
- Irresponsibility, poor memory, poor concentration
- Unexplained accidents or injuries to self
- Neglect of family, isolation from friends
- DWI arrest or DUI violations
- Financial and/or legal problems
- Difficult to contact; won't answer phone or return calls
- Dwindling medical practice
- Missed appointments, unexplained absences
- Rounds at irregular times
- Loss of interest in professional activities, social or community affairs
- Neglect of patients, incomplete charting, or neglect of other medical staff duties
- Inappropriate treatment of dangerous orders
- Excessive prescription writing
- Unusually high doses or wastage noted in drug logs
- Noticeable dependency on alcohol or drugs to relieve stress
- Intoxicated at social events or odor of alcohol on breath while on duty

Reference: CPH-MSSNY

Disruptive Behavior

Disruptive behavior as per policy LD-18A

Committee for Physician Health (CPH)

CPH is a confidential, clinically based, non-disciplinary, advocacy program sponsored by MSSNY and funded by physician re-licensure fees, for physicians, physician assistants and students with substance abuse, psychiatric or cognitive disorders. Its goal is to medically treat participants and return them to the healthy, safe and productive practice of medicine.

WESTCHESTER MEDICAL CENTER

Clinical and Academic Affairs: All Campus Locations

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POLICY AUTHOR

President, Medical Staff 914-493-6008

RELATED POLICIES

HR-2 Impaired Employees

LD-18 Medical Staff Disruptive Behavior

P-18 Post-Offer Pre Employment Health Evaluation

E-12 Employees Annual Health Assessment

PROCEDURE

1. Initial and Annual Assessments

In accordance with part 405.3 of the New York State Code, it is the policy of the hospital to require physicians to undergo initial pre-placement post offer and annual health evaluations. The purpose of these evaluations is to ensure that the members of the medical staff are "free from a health impairment which is of potential risk to patients or personnel. The examination shall be of sufficient scope to ensure that no person shall assume his/her duties unless she/he is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior" (NYS Title 10 Health, 405.3).

2. Urine Drug Screen

It is the policy of the hospital to screen for the use of illegal controlled substances by new hired/appointed physicians at the time of their pre-placement assessments. Illegal substances are listed in various Federal, State and local laws. These include but are not limited to marijuana, hashish, heroin; hallucinogens like PCP (angel dust), LSD and cocaine. Urine drug screen is done by the Occupational Health Center in accordance with the existing policy and procedures of the Human Resources Department.

3. Education of the Medical Staff

Education of medical staff and other organizational staff concerning physician impairment recognition and the existence of this policy are essential to implementation. Upon initial appointment and at periodic intervals thereafter, physicians will be oriented to recognize indicators of impairment and how to confidentially report this information. The educational programs are

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intended to inform the medical community about physician health and stress as well as the recognition and identification of disorders which may lead to impairment.

Educational programs will be offered through:

- A. Academic Health Professionals Insurance Association. The program, entitled "Impaired Physician Risk Management Course," consists of video case studies as it relates to physician impairment and provides guidelines for appropriate resolution.
- B. The Committee for Physicians Health (CPH) of the Medical Society of the State of New York (MSSNY). The objectives of the education program include:
 - 1) have an increased awareness of the hospital policy and its confidential nature.
 - 2) be able to list physician risk factors for impairment and reasons for seeking help.
 - 3) be able to list and recognize signs and symptoms of impairment among physicians.
 - 4) be able to understand the various types of programs available to impaired physicians.
 - 5) be able to understand CPH program and its components.
 - 6) be able to understand and explain laws concerning professional conduct in NYS.

4. Physicians Suspected of Impairment

A. Report and Investigation

If any employee or medical staff member of the hospital has a reasonable suspicion that a physician appointed to the medical staff is impaired, the following steps should be taken:

- 1) An employee or medical staff member who suspects the physician of being impaired must file a written report with his/her supervisor or directly to the President of the Medical Staff, Chief Nurse Executive (CNE), Executive Medical Director (EMD), or CEO. The written report should include a description of the incident(s) that led to the belief that the physician might be impaired. The individual making the report does not need to have proof of impairment, but should state the facts that led to the suspicion.
- 2) The report should be forwarded to the President of the Medical Staff. If there is sufficient information to warrant an investigation, a Physician Wellness subcommittee selected by the President of the Medical Staff will conduct an investigation, which must be fair and equitable. The Clinical Director responsible for this medical staff member will be apprised of the alleged incident and that an investigation is forthcoming.

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- 3) The subcommittee may require the physician to undergo additional tests or assessments to help arrive at a decision and/or recommendations. A physician's failure to cooperate in this matter as determined by the subcommittee may lead to his/her suspension of clinical privileges and hospital appointment.
- 4) The subcommittee shall submit a report of its findings to the Executive Medical Director, the President of Medical Staff, and the President & CEO, and shall inform the Medical Executive Committee of such a referral.
- 5) If the investigation produces sufficient evidence that the physician has been impaired, the Executive Medical Director or the President of the Medical Staff will personally meet with the physician. The findings of the investigation will be disclosed to the physician. The physician will not be told about the specific incidents contained in the report, or about the individual who filed the report.
- 6) Depending upon the nature and the severity of the impairment, the hospital has the following options:
 - a) Immediately suspend the physician's privileges in the hospital until rehabilitation has been successfully completed, if the physician does not agree to discontinue practice voluntarily.
 - b) Impose appropriate restrictions on the physician's practice.
 - c) Require the physician to undertake a rehabilitation program as a condition of employment and/or clinical privileges.
- 7) The EMD or President of the Medical Staff will inform the individual who filed the report that follow up action has been taken.

B. Referral, Rehabilitation and Monitoring

- 1) The hospital will utilize the Committee for Physician Health (CPH) of MSSNY as the primary mechanism for dealing with impaired physicians. The impaired physician may select another program provided that it is acceptable to the hospital. The impaired physician will be offered the opportunity to self refer to the appropriate program.
- 2) Physicians requiring time off for treatment and rehabilitation will be encouraged to request a leave of absence.
- 3) CPH will coordinate appropriate treatment and notify the EMD or the President of the Medical Staff when CPH feels the physician is appropriate to return to work with monitoring in place. The hospital will work with CPH to facilitate the physician's return to

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work. However, physicians determined incapable of safely performing clinical duties or who fail to complete the required rehabilitation program should be referred to the EMD or the President of the Medical Staff for action consistent with the Public Health Law and Medical Staff Bylaws.

C. External Reporting

The Office of Professional Medical Conduct (OPMC) will be contacted when the investigation reasonably shows that a physician is guilty of professional misconduct as defined by New York State Education Law. If the hospital is unable to determine whether the physician is guilty or not guilty of professional misconduct, a written request for advice may be made to the OPMC. The name of the physician will not be revealed when such advice is requested.

5. Confidentiality

All physicians' records and reports are confidential and will be maintained separately from Physician QA and other disciplinary files. The President of the Medical Staff, the EMD, or the subcommittee (acting on behalf of these individuals) will review physician health assessments.

REFERENCES

Model Medical Staff Policy on Physician Health and Impairment (MSSNY)

OPMC Publication - Dispelling Physician Misconduct Reporting Myths

New York State Education Law 6530.7 and 6530.8

Public Health Law 230.11 and article 2803-e concerning reporting requirements.

NIAHO Accreditation Requirements & Interpretive Guidance MS.14

Joint Commission Medical Staff Standard MS.11.01.01

Attachment M

WESTCHESTER COUNTY HEALTH CARE CORPORATION

Resident Agreement CREDENTIALING REQUIREMENTS

Please Note:

The following items will be required before you are employed/appointed by WMC. Although you may have provided information to the training program based on ERAS or another application service, original, notarized and/or verified documents will have to be submitted at least two months prior to the start of your training.

WESTCHESTER MEDICAL CENTER

Policy & Procedure(s): Employee Health Services

Manual Code: EMP-HLTH-002A (formerly HR-10A)	Page 1 of 6
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SUBJECT: Urine Drug Screening and Testing	
EFFECTIVE: 8/2001	<u>REVIEWED OR</u> <u>X</u> <u>REVISED</u> date: 7/2016
Applicable Campus: <input checked="" type="checkbox"/> Poughkeepsie <input checked="" type="checkbox"/> Valhalla	Patient population: <input type="checkbox"/> Neonate <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Not applicable
NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.	

POLICY

Westchester Medical Center (WMC) provides urine drug screening and testing at the Occupational Health Center (OHC) and Employee Health Services (EHS) for all new applicants. Pre-employment drug testing procedures comply with applicable federal, state, and local laws.

PURPOSE

(a) To ensure that applicants are drug-free when hired and (b) to establish proper procedures for urine drug screening, including forms, chain of custody, collection and handling of specimens, and the reporting of results.

SCOPE

All new applicants for work at WMC, members of the medical staff, allied entities, house staff, contracted personnel, volunteers, non-medical interns and other individuals who seek to work or train at WMC.

DEFINITIONS

- Medical Review Officer (MRO) – works for Occupational Health and ensures that the results from the drug screen are verified and communicated.
- 2 Split Specimen – one specimen collected into 2 separate vials. One vial is tested right away and the second vial can be tested if it is determined that the first vial is positive and the employee wants the split specimen tested.
- 10 Split panel urine test – is a drug test method that screens for 10 drugs
 - Amphetamines
 - Barbiturates
 - Benzodiazepines
 - Cocaine Metabolites
 - Marijuana Metabolites
 - Methadone
 - Methaqualone
 - Opiates
 - Phencyclidine
 - Propoxyphene

PROCEDURE

WESTCHESTER MEDICAL CENTER

Policy & Procedure(s): Employee Health Services

Manual Code: EMP-HLTH-002A (formerly HR-10A)	Page 2 of 6
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SUBJECT: Urine Drug Screening and Testing

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1. After WMC or affiliated employer is extended a conditional offer of employment or training, the applicant will need to complete the following documents to comply with pre-employment drug testing procedures. Documents include:
 - a. One urine specimen that is split into two vials and collected at OHC/EHS or another designated facility approved by OHC/EHS prior to Employment or training start date.
 - b. Signed consent form for drug testing indicating that he/she is aware they are being tested for a 10 panel and can have a split specimen retested if the first test is positive and understands that he/she will be billed for the split specimen test. The split specimen is a sample collected from the original specimen. The consent also authorizes the release of test results to Medical Review Officer or physician designated by WMC.
 - c. Signed Forensic Drug Testing Custody and Control form which includes signature for chain of custody.
 - d. Once the Chain of Custody Form is completed and the specimen obtained and sealed, the collector gives the donor copy to the applicant. The Medical Review Officer (MRO) copy is placed in the designated folder with the consent and reporting form.
 - e. The sealed specimen is placed in the contracted laboratory specimen box and locked.
 - f. The specimen is picked up by a courier from the contracted laboratory.
 - g. The MRO communicates, in a confidential manner, the results on a secure fax and contacts the individual in case of a positive test result. If the MRO is unable to contact the individual, the MRO will try at least three times and document the attempted contacts.
 - h. If the individual is not reachable or has not responded within 24 hours, the designated employer representative (DER) should be contacted, who will further attempt to contact the individual.
 - i. If the designated employer representative contacts the individual, but the individual does not contact the MRO (for Department of Transportation exams, within 72 hours), or neither the hiring office nor MRO has contact with the individual after a reasonable time (for DOT exams, 10 days), the MRO reports the results to the employer.
 - j. For positive test results, individual is offered split specimen testing after a written agreement for same, which is paid for by the requesting individual.
 - k. The results are faxed to the designated employer representative's secure fax.
2. All pre-employment/pre-training applicants listed in the scope must undergo the drug test with a negative test result before they start employment or training.

WESTCHESTER MEDICAL CENTER

Policy & Procedure(s): Employee Health Services

EMP-HLTH-002A
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Page 3 of 6

SUBJECT: Urine Drug Screening and Testing

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3. All pre-employment/pre-training applicants listed in the scope with the exception of volunteers and non-medical interns must retake and pass the drug test if he/she is rehired after leaving employment/training at WMC.
4. All negative drug tests for volunteers and non-medical interns are good for two years. If a volunteer/intern decides to leave WMC for any reason and return within 2 years, he/she will not need to retake the drug test within two year period.
5. WMC will not extend offers for training or initiate new hire processing until the applicant has completed the drug test with satisfactory results approved by Medical Review Officer and after a consulting with the DER.
6. If applicant is under the age of 18, the signature of a parent or legal guardian must be obtained to complete drug-testing.

Administration of the Urine Drug Test

All applicants offered a conditional offer of employment are encouraged to complete their drug-test at OHC/EHS. If an individual cannot come to OHC/EHS for drug-testing, he/she must gain approval from the Director of OHC/EHS to complete the drug-test at a designated diagnostic facility that is approved by OHC/EHS and the appointment must be made by OHC/EHS. Individuals who are approved to complete the drug test outside of OHC/EHS must follow the instructions that will be mailed to them which includes, but not limited to:

1. Find a nearby approved Urine testing site
2. Inform OHC/EHS when you have chosen a site and call or email OHC/EHS
3. Provide OHC/EHS general days and times you are available to complete the test
4. On day of your appointment with the laboratory, bring the requisition and photo ID to the site
5. OHC/EHS will receive the test result within a few days and communicate the results to
 - a. The applicant
 - b. Human Resources

Private Employers/Contracted services:

- Contracted personnel are required to be screened, but may obtain such screening either at OHC/EHS or through their own employer pursuant to its human resources policy.
- The OHC/EHS may contract with private employers to perform their urine drug screens.
- A copy is requested of the Employer's Drug Screen Policy for the MRO's review.
- Once approved by the MRO and the contract is signed by both parties, urine drug screens may then be processed.
- The employer makes the appointment for the individual to be tested.
- The OHC bills the employer directly for this service.

WESTCHESTER MEDICAL CENTER

Policy & Procedure(s): Employee Health Services

Manual Code: EMP-HLTH-002A (formerly HR-10A)	Page 4 of 6
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SUBJECT: Urine Drug Screening and Testing

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- The OHC follows standard procedures for drug screenings.
- The MRO faxes results to the employer's secure fax. For positive test results, the MRO handles the case as per the above MRO guidelines for WMC staff.

Refusal to Submit a Drug Test

Although an applicant has the right to refuse to submit a pre-employment drug test, WMC will not consider an individual who refuses.

WMC will consider the following conduct by an applicant as a refusal to submit a drug test:

- Refusing or failing to appear for a drug test within a specified time, as determined by WMC, after being directed to do so.
- Failing to remain at the testing site until the testing process is complete.
- Failing to provide a urine specimen for collection.
- Failure to provide a sufficient amount of urine when directed, without an adequate medical explanation including shy Bladder
- Failing or declining to take a second drug test that WMC/MHRH or collector requires to be taken.
- Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process including evaluation for shy Bladder
- Modifying or substituting a urine sample, or attempting to do so
- Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to do so
- In case of inability to produce urine because of medical reasons, prospective employee may be offered blood drug testing

Test Results

1. **Negative Test Results:** OHC/EHS will be informed by the certified laboratory of negative test results within a few days and the MRO will make the final decision to provide clearance for the prospective applicant. Employee using valid legally prescribed medication will be verified as testing negative.
2. **Positive Test Results:** When an applicant tests positive for drugs, the certified laboratory will retest the original specimen with a signed consent form.

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Policy & Procedure(s): Employee Health Services

Manual Code: EMP-HLTH-002A (formerly HR-10A)	Page 5 of 6
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SUBJECT: Urine Drug Screening and Testing

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- a. The MRO will then contact the applicant directly to review positive test results. The MRO or designated person will contact HR and notify them of the results.

- 3. **Negative Dilute.** In a case where the test result is reported as negative but diluted, the applicant might be required to complete a second test if the MRO deems it is necessary for employment.

Impaired Employees

It is the policy of WMC to safeguard our patients, employees, and visitors from personnel who are impaired. All clinical staff, WMC employees, and contract personnel who are unable to perform the essential duties of their job in a safe, secure, productive and effective manner without presenting a safety hazard to themselves, patients, other employees or to the public may be tested if there is a reasonable suspicion to believe that it may be discovered that the employee is impaired while on the job.

Reasonable suspicion of employee impairment is based on objective facts, questioning of employee with union representation (unless representation is declined by employee in writing) will take place and may include Labor Relations, Department Manager/Supervisor, and VP of area. Off hours assessment/evaluation will be done by Supervisor on site.

APPROVALS – will be handled electronically

ARCHIVAL HISTORY

Reviewed:	6/2016, 1/2012, 10/2010
Revised:	

WESTCHESTER MEDICAL CENTER

Policy & Procedure(s): Employee Health Services

Manual Code: EMP-HLTH-006A (formerly HR-9A)	Page 1 of 3
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SUBJECT: Annual Health Assessment and Clearance	
EFFECTIVE: 5/2012	<u>REVIEWED OR</u> <u>X</u> <u>REVISED</u> date: 8/2016
Applicable Campus: <input checked="" type="checkbox"/> Poughkeepsie <input checked="" type="checkbox"/> Valhalla	Patient population: <input type="checkbox"/> Neonate <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Not applicable
NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.	

POLICY

All employees of Westchester Medical Center (WMC) are medically fit to perform their duties as needed. It is every employee's responsibility to complete their Annual Health Assessment each year in the month they were born.

PURPOSE

To ensure all WMC employees complete their health assessment annually to comply with the New York State Department of Health and Safety regulations.

SCOPE

Westchester Medical Center employees, volunteers, and house staff, members of the medical and allied health staff, and contracted personnel working and/or providing services on hospital campus.

DEFINITIONS

Tuberculin Skin Test: A protein extracted from Mycobacterium Tuberculosis that is used in a skin test to determine if a person has been exposed to tuberculosis.

N-95 Respirator: A respiratory protective device designed to achieve a very close facial fit and filtration of airborne particles.

PROCEDURE

Occupational Health Center (OHC)/Employee Health Services (EHS)

- All Employees must complete their Annual Health Assessment in the month they were born.
- All Employees who are delinquent and missed their annual health assessment on the month they were born must come to OHC/EHS immediately to complete their annual health assessment and again on their birth month to remain in good standing.
- All Employees must call Occupational Health Center (OHC), Employee Health Services (EHS) to schedule an appointment.
- All Employees must inform supervisor/or manager of the appointment and ensure enough coverage during this period.
- All Employees must report to OHC/EHS to complete their Annual Health Assessment during normal business hour

WESTCHESTER MEDICAL CENTER

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SUBJECT: Annual Health Assessment and Clearance

NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.

- Tuberculin skin tests (TST) will be interpreted by OHC/EHS clinician or designated (TST) reader on the units/departments within 48-72hrs

Steps for returning House Staff and prospective House staff at WMC

Returning House Staff

- House Staff must complete their Annual Health Assessment in April of every year.
- House Staff who are delinquent and missed their annual health assessment in April must go to OHC/EHS immediately to complete their annual health assessment to be in good standing.
- House Staff must call Occupational Health Center (OHC), Employee Health Services (EHS) to schedule an appointment.
- House Staff must inform supervisor/or manager of the appointment and ensure enough coverage during this period.
- House Staff must report to OHC/EHS to complete their Annual Health Assessment during normal business hours
- Tuberculin skin tests (TST) will be interpreted by OHC/EHS clinician or designated (TST) reader on the units/departments within 48-72hrs

Every year, employees, volunteers, contracted personnel working on hospital campus, and House Staff must complete their annual Health Assessment in the procedure outlined in this policy. This rule also applies to new hires.

Any obstacles to meeting this obligation must be communicated by the employee to their supervisor as soon as possible, and in no event later than the last week of their birth month.

While WMC has a practice of reminding employees of their annual Health Assessment obligation, the obligation exists whether or not a reminder is sent. Neither WMC failure to send nor an employee's failure to receive a reminder of this yearly obligation relieves the employee of their obligation.

Employees who fail to complete their annual Health Assessment within their birth month at OHC/EHS are subject to disciplinary action up to and including termination. Non-compliant employees shall be immediately sent to OHC/EHS and then sent off-duty until cleared by the Occupational Health Center/Employee Health Services to return to work. Such absences are unauthorized and either leave balances will be debited or such time will be unpaid as appropriate.

Attachment P – Effect of Leaves of Absence on Board Eligibility

**WESTCHESTER COUNTY HEALTH CARE CORPORATION
Resident Contract**

Residents shall be entitled to reasonable leaves of absence upon demonstrated need if approved by the Program Director and in compliance with relevant Hospital policies.

Residents understand and agree that, depending on the duration of a leave of absence and of other missed training time, they may be required to repeat certain rotations; may be required to complete a year and/or may be held back from advancing to the next PGY level; and may be required to extend their training beyond the normal completion date. The Program Director will make the determination of the required rotations, clinical experiences, and period of training necessary to make-up for leaves of absence. The Program Director will be guided by the overall requirements of the ACGME and the program-specific requirements of the relevant RRC, and the board eligibility requirements of the relevant American Board of Medical Specialties. The Program Director may exercise discretion to the extent that it is permitted by the ACGME and the ABMS requirements.

Residents should also be aware of these same program completion and board eligibility requirements and should consult the relevant portions of the websites of the ACGME.org and the ABMS.org for the most current information.

Attachment O

Table 2: ABMS Member Board Requirements for General Certification

General Certification is first awarded to candidates who meet the requirements in a specified field of medical practice. This table identifies certain specific requirements for initial General Certification from each Member Board, but as published in this form, the table is necessarily over-simplified. To confirm current official policy, including application deadlines and fees, contact the respective Member Board or visit their website. Footnotes can be found on page 10.

ACGME Accredited (1)	YEARS OF TRAINING AND EXPERIENCE REQUIRED			BOARD ELIGIBILITY*			TRAINING CREDIT ACCEPTED			OTHER REQUIREMENTS		
	PREQUISITE TRAINING	SPECIALTY TRAINING	CLINICAL EXPERIENCE REQUIREMENT	BOARD ELIGIBLE PERIOD (Plus additional practice requirement)	TRANSITION DATE	NON-ACADEMIC ACCREDITED TRAINING	RCPSC (2)	WRITTEN OR COMPUTER-BASED EXAM	APPLICATION EXAM FEES	ORAL EXAM	APPLICATION EXAM FEES	EXAM FEES
AMERICAN BOARD OF Allergy and Immunology	3	2	—	5 years	01/01/2017	NO	YES	Computer	\$2,650	NO	—	—
Anesthesiology	1	3	—	7 years	01/01/2019	NO	NO	Computer	\$950/600	YES	\$2,100	—
Colon and Rectal Surgery	\$	1	—	7 years after approval of formal application	12/31/2023	NO	NO	Computer	\$400/700	YES	\$800 (exam)	—
Dermatology	1	3	—	5 years	12/31/2016	NO	YES	Computer	\$2,500	NO	—	—
Emergency Medicine	—	3	—	5 years	12/31/2019	NO	YES	Computer	\$1,365	YES	\$1,185 (exam)	—
Family Medicine	—	3	—	7 years	01/01/2012	YES	YES	Bath	\$1,300	NO	—	—
Internal Medicine	—	3	—	7 years	01/01/2019	YES	YES	Computer	\$1,365	NO	—	—
Medical Genetics (Contact Member Board regarding license requirements)												
Clinical Biochemical Genetics (**)	—	2	—	7 years	01/01/2017	YES	NO (3)	Computer	\$2,415	NO	—	—
Clinical Cyrogenetics (**)	—	2	—	7 years	01/01/2017	YES	NO (3)	Computer	\$2,415	NO	—	—
Clinical Genetics, MD (**)	2	2	—	7 years	01/01/2017	YES	YES	Computer	\$2,415	NO	—	—
Clinical Molecular Genetics (**)	—	2	—	7 years	01/01/2017	YES	NO (3)	Computer	\$2,415	NO	—	—
Neurological Surgery	—	6	42 mos.	5 years	12/31/2018	YES	NO	Written	\$475	YES	\$1,000-2,000 (app)	\$2,500 (exam)
Nuclear Medicine	1	3	—	7 years	2006	YES	YES	Computer	\$2,400	NO	—	—
Obstetrics and Gynecology	—	4	2	7 (+1) years	01/01/2017	NO	YES	Computer	\$1,470	YES	\$840/1975	—
Ophthalmology	1	3	—	7 years	01/01/2019	NO	YES	Computer	\$1,650	YES	\$1,650	—
Orthopaedic Surgery	—	5	2	5 years after passing written exam	07/01/1996	NO	YES	Computer	\$2,015	YES	\$2,325	—
Otolaryngology	—	5	—	5 years	01/01/2019	NO	NO	Computer	\$3,580	YES	\$1,800	—
Pathology												
Pathology-Anatomic/Pathology-Clinical (**)	4	1-2	—	5 years	01/01/2019	NO	YES	Computer	\$2,200	NO	—	—
Pathology-Anatomic (**)	3	1-2	—	5 years	01/01/2019	NO	YES	Computer	\$1,800	NO	—	—
Pathology-Clinical (**)	3	1-2	—	5 years	01/01/2019	NO	YES	Computer	\$1,800	NO	—	—
Pediatrics	—	3	—	7 years	12/31/2013	YES	YES	Computer	\$2,160	NO	—	—
Physical Medicine and Rehabilitation	1	3	0	7 years	01/01/2019	YES	YES	Computer	\$600/795	YES	\$600/1,310	—
Plastic Surgery	3	2	0	7 (+1) years	01/01/2019	NO	YES	Computer	\$570/1,370	YES	\$675/1,280	—
Preventive Medicine												
Aerospace Medicine (**)	1	2	—	7 years	01/01/2019	YES	YES	Computer	\$410/1,950	NO	—	—
Occupational Medicine (**)	1	2	—	7 years	01/01/2019	YES	YES	Computer	\$410/1,950	NO	—	—
Public Health and General Preventive Medicine (**)	1	2	—	7 years	01/01/2019	YES	YES	Computer	\$410/1,950	NO	—	—

Table 2: ABMS Member Board Requirements for General Certification (continued)

General Certification is first awarded to candidates who meet the requirements in a specified field of medical practice. This table identifies certain specific requirements for initial General Certification from each Member Board, but as published in this form, the table is necessarily over-simplified. To confirm current official policy, including application deadlines and fees, contact the respective Member Board or visit their website.

AMERICAN BOARD OF Psychiatry and Neurology	YEARS OF TRAINING AND EXPERIENCE REQUIRED			BOARD ELIGIBILITY*			TRAINING CREDIT ACCEPTED			OTHER REQUIREMENTS		
	ACGME Accredited (1)	PREREQUISITE TRAINING	SPRINTY TRAINING	Clinical experience requirement	BOARD ELIGIBILITY PERIOD (Plus additional practice requirement)	TRANSITION DATE	NON-ACGME ACCREDITED TRAINING	ROSCC (2)	WRITTEN OR COMPUTER- BASED EXAM	APPLICATION/ EXAM FEES	ORAL EXAM	APPLICATION/ EXAM FEES
Neurology with Special Qualification In Child Neurology (**)	2	3	—	7 years	01/01/2019	—	NO	YES	Computer	\$700/\$2,300	NO	—
Neurology (**)	1	3	—	7 years	01/01/2019	—	NO	YES	Computer	\$700/\$2,300	NO	—
Psychiatry (**)	1	3	—	7 years	01/01/2019	—	NO	YES	Computer	\$700/\$2,300	NO	—
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Radiology	—	4	1	6 (-1) years	01/01/2017	—	YES	YES	Computer	\$3,050	YES	No additional fee
Diagnostic Radiology (**)	—	4	1	6 (-1) years	01/01/2017	—	YES	YES	Computer	\$3,050	YES	No additional fee
Radiation Oncology (**)	—	—	—	6 (-1) years	01/01/2017	—	—	—	Computer	\$1,845	YES	No additional fee
Medical Physics (**)	—	—	—	—	—	—	—	—	—	—	—	—
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Surgery												
General Surgery (**)	—	5	—	7 years	7/1/2022	—	YES	YES	Computer	\$300/\$800	YES	\$1,00
Vascular Surgery (**)	—	5-7	—	7 years	7/1/2022	—	YES	YES	Computer	\$250/\$800	YES	\$1,200
Thoracic Surgery (4)	—	—	—	Not yet determined	Not yet determined	—	NO	NO	Computer	\$1,700	YES	\$1,500
Urology	1-2	3 or 4	16 mos.	5 (+16 mos) years	Summer, 1999	—	NO	YES	Computer	\$1,300	YES	\$1,800
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- (*) A new policy that went into effect January 1, 2012, that limits the period an individual may be eligible for Board Certification and may claim to be "Board Eligible," therefore preventing abuse by those who might use the designation indefinitely. ABMS Member Boards established these transition dates for candidates who have completed residency training but not yet achieved initial Board Certification as of the effective policy date. A transition period is underway; the process is then applicable to all candidates for Board Certification by the Member Boards. A physician who does not become Board Certified within the allotted time must restart the process according to the requirements of the Member Board that oversees Board Certification in the specialty. The information shown relates to the general certificate only. Contact the board regarding requirements for subspecialty certification.
- (**) Specific disciplines within the specialty where certification is offered.

- (1) Accreditation Council for Graduate Medical Education (ACGME) is the accrediting body for post-MD medical training programs in the United States.
(2) Royal College of Physicians and Surgeons of Canada (RCSPC) is the organization which oversees the medical education of specialists in Canada.
(3) Accepted by the Canadian College of Medical Genetics.
(4) Two pathways for certification may be pursued. Candidates may either complete five years of prerequisite training (General Surgery) and two or three years of Thoracic Surgery, or six years of an Integrated Thoracic Surgery program with no prerequisite training. The American Board of Thoracic Surgery will accept a Vascular Surgery residency in lieu of a General Surgery residency as long as the Vascular Surgery training leads to primary certification.